



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344**

Hemolytic Uremic Syndrome (HUS)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____ Investigation start date: ____/____/____
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
Address _____ ☐ Homeless
City/State/Zip _____ Gender ☐ F ☐ M ☐ Other ☐ Unk
Phone(s)/Email _____ Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ ☐ Abdominal cramps or pain
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ Onset within 3 weeks of diarrheal episode
☐ ☐ ☐ ☐ Antibiotic taken for this diarrheal illness
☐ ☐ ☐ ☐ Antacid use regularly
☐ ☐ ☐ ☐ Underlying illness, specify: _____

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure
☐ ☐ ☐ ☐ Thrombotic thrombocytopenic purpura (TTP)
☐ ☐ ☐ ☐ Hemolytic uremic syndrome (HUS)
☐ ☐ ☐ ☐ Delirium or disorientation

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

- ☐ ☐ ☐ ☐ ☐ Shiga toxin
☐ ☐ ☐ ☐ ☐ Elevated creatinine level
☐ ☐ ☐ ☐ ☐ Proteinuria
☐ ☐ ☐ ☐ ☐ Acute anemia with microangiopathic changes
☐ ☐ ☐ ☐ ☐ Anemia (Hb<11, Hct<33)
☐ ☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)
☐ ☐ ☐ ☐ ☐ Hematuria

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset of diarrhea:

Exposure period

-8 -1

o
n
s
e
t

Contagious period

1 week to 3 weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Beef
Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Ground beef
Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Handled raw meat
- ☐ ☐ ☐ ☐ Venison or other wild game meat
- ☐ ☐ ☐ ☐ Other meat products: _____
- ☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Fresh herbs Type: _____

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Juices or cider, Type: _____
Unpasteurized: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _____
- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Sewage or human excreta
- ☐ ☐ ☐ ☐ Any type of sexual contact with others during the exposure period
female sexual partners: _____
male sexual partners: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact work at or attend child care or preschool
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until diarrhea ceases
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____